

Lead Apron Inspection

Date: _____

Apron ID#: _____

Typically: department name (Abbreviation) -LA- followed by number.
(i.e. ANT-LA-1)

Inspection:

Type: Visual Tactile X-Ray Imaging

Results: Satisfactory Unsatisfactory

Performed By: _____

Distribution:

Original – originating Department on file (3 years)
Copy – EHSRM (Radiation Safety Officer)